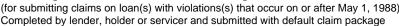
Prospective Cure Request for Insurance (for submitting claims on loan(s) with violations(s) that occur on or after May 1, 1988) Completed by lender, holder or servicer and submitted with default claim package





Part A:	Borrower Information									
Social Security number			2. Borrower na	2. Borrower name (last, first, middle initial)						
3. Stat	Status of this request (check one):									
3a. 3b.										
Part B: Due Diligence Violations, Ommissions, and Servicing Gaps										
4. Complete this section for all loans with omissions of due diligence activity or gaps in servicing of five days or more.										
	4a. Missing or Late Activities 4b. Earliest Unexcused Violation		4c. Gap "TO" Date		4d. Number of Days in Gap		р			
	uctions: Missing or Late Activities: List the activity	not performed or pe	erformed more than five	e days late.						
 4b. Earliest Unexcused Violation: Enter the date of the earliest unexcused violation. (The earliest unexcused violation is the first day of the next bucket following the bucket in which the missed step or late activity occurred.) 4c. Gap "TO" Date: Enter the date of the day before the next performed activity. 4d. Number of Days in Gap: Calculate and enter the number of days which occur between Item 4b (Earliest Unexcused Violation) and Item 4c (Gap "TO" Date). If gap is 45 days or less (60 days for transfers) and at least one violation exists, complete all remaining items in Part B and check either Item 9 or 10, as appropriate, in Part C. Provide dates of location and cure activities in Part D if required. Complete Part E. If gap is 46 days or more (61 days for transfers) and at least one violation exists, complete all remaining items in Part B and check Item 11 in Part C. Provide dates of 										
5 Liet	location and cure activities in Part D. date of transfer if a transfer occurred that a	•	ronco evelo:		7 Data of de	efault (180th day o	f dolinguongy)	1 1		
	date of first unpaid installment:	anected the due dilig	gerice cycle.			n filed with Commi	' ''	1 1		
0. Duo	date of mot unpaid motaliment.			1 1	o. Date dan	ii iiiod witii ooiiiiii		1 1		
Part C: Claim Adjustment Information										
9a. One or two activities performed more than five days late (20 days for transfers) and gap no greater than 45 days (no greater than 60 days for transfers). Interest and special allowance limited to date of default.										
_										
 9d. Preclaims not completed by day 240. Interest and special allowance will not be paid for most recent 180 days prior to default. Three activities omitted or performed more than five days late (20 days for transfers) and a gap no greater than 45 days (60 days for transfers). "Locate" cure required. Complete Part D, Locate Cure section, worksheet on reverse of form and Part E. 										
11. More than three activities omitted or performed more than five days late (20 days for transfers) or a gap of 46 days or more and at least one violation (61 days or more for transfer). "Repayment" cure required. Complete Part D, Repayment Cure section, and Part E.										
Part D: Location and Cure Activities Performed by Lender										
LOCATE CURE: (Complete worksheet on reverse for all locate cures.) (Note: If borrower is located but lender is unable to collect one full monthly payment or signed repayment agreement, interest and special allowance is paid to earliest unexcused violation date.) 12. Date of receipt of one full payment or signed repayment agreement (if applicable):										
REPAYMENT CURE: (NOTE: Lender must locate the borrower and receive one full payment or a signed repayment agreement. Interest and special allowance are not paid from the earliest violation date to the date of receipt of payment or signed repayment agreement.)										
13. Date of receipt of one full payment or signed repayment agreement (attach a copy of signed repayment agreement):										
Part E: Lender Certification										
I certify as an authorized representative of this lending institution that the information provided on this form is true and correct and that all necessary adjustments have been made to federal interest and special allowance billings and that any overpayments have been repaid in accordance with law, regulation and cure policies. I also certify that payments made to effect a cure were made by the borrower, and/or other person (other than the lender) on the borrower's behalf.										
14. Lend	14. Lender code 15. Lender/Holder name			me	16. Phone number					
17. Loar	n officer's name and title (print or type)		18. Loan officer's sign	ature		Date)			

Locate Cure Worksheet

Social Security number		Borrower 's name							
Borrower was located by: (che	ck one of the following)								
Signed postal receipt (can be Emery or Federal Express receipt; must be signed by the borrower).									
Certification of Borrower Location form (L-63).									
Lender documentation certifying location (Same basic elements as Certification of Borrower Location form (L-63).									
Lender's receipt of a full payment or signed Repayment Schedule.									
Date located									
14th day	Date activity performed*	Was R/A and Collection letter sent within 15 days yes no							
Date of last activity									
15th day	+5 days	Date(s) of attempts/contact*							
Were two attempts or one conta	act performed?								
yes no	If no, must repo	eat locate cure.							
Date of last activity									
5th day	+5 days	Date(s) of attempts/contact*							
Were two attempts or one conta	act performed?								
yes no	If no, must repo	eat locate cure.							
Date of last activity									
5th day	+5 days	Date final demand sent*							
Date final demand sent	30th day	60th day							
Claim filed within 60 days after	l final demand sent?								
yes no	If no, must repeat locate cure.								

L-68A (11/91)

^{*}Date(s) of activity must occur within the time frame indicated